IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of			oplication of) MAIL STOP RCE				
Tsu	ıneno	ri Ara	i et al.) Group Art Unit: 3769				
App	olicati	on No	.: 10/560,821	Examiner: Johnson III, Henry M				
Filir	ng Da	te: D	ecember 15, 2005) Confirmation No.: 9015				
Title	E C T M	QUIP ONTI HERA	DDYNAMIC THERAPY MENT, METHOD FOR ROLLING PHOTODYNAMIC APY EQUIPMENT AND DD OF PHOTODYNAMIC APY					
			REQUEST FOR CONTINUED TRANSMITTAL					
Cor P.O	. Box	ioner 1450	for Patents	Customer Number 21839				
Sir:								
ider § 1.	A _l ntified 17(e)	applic	nt(s) requests continued examination and encloses the 🗌 \$405 🛭	on under 37 C.F.R. § 1.114 of the above- ☑ \$810 fee due under 37 C.F.R.				
1.	\boxtimes	A. Applicant(s) requests that any previously unentered after final amendment not be entered. Continued examination is requested based on the enclose documents identified in item 2 below.						
	\boxtimes	В.	Applicant(s) previously submitted the following documents for which continued examination is requested:					
		\boxtimes	Consider the amendment(s)/reply on February 17, 2009.	under 37 C.F.R. § 1.116 previously filed				
			Consider the arguments in the Ap on	peal Brief or Reply Brief previously filed				
			Other:					
2.	The	follov	ving documents are enclosed with t	his submission:				
		Amendment/Reply						
		Affidavit(s)/Declaration(s)						
		Info	rmation Disclosure Statement					
	\boxtimes	Petit	tion for Extension of Time & Requis	ite Fee				

Buchanan Ingersoll & Rooney PC Attorneys & Government Relations Professionals

		Other:
3.		Small entity status is hereby claimed.
\boxtimes	No a	dditional claim fee is required.
	The fee is calculated below on the basis of the highest number of claims alreathis application prior to this submission:	

					FEES		
				\$	810		
No. of Claims		Extra Claims	Rate	7.550			
27	30	0	x 52 (1202)	\$	0		
4	4	0	x 220 (1201)	\$	0		
If multiple dependent claims are presented, add \$ 390							
Total Fee							
☐ Small Entity Status claimed - subtract 50% of Total Application Fee							
TOTAL FEE DUE							
	Claims 27 4 ns are pres	Claims 27 30 4 4 Ins are presented, add	Claims 27 30 0 4 4 0 ns are presented, add \$ 390	Claims Claims 27 30 0 x 52 (1202) 4 4 0 x 220 (1201) ns are presented, add \$ 390	No. of Claims Extra Claims Rate 27 30 0 x 52 (1202) \$ 4 4 0 x 220 (1201) \$ ns are presented, add \$ 390 \$ \$		

- 4. Charge \$ 940 to credit card for the fee due.
- 6. The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800.

Respectfully submitted,

BUCHANAN INGERSOLL & ROONEY PC

Date: March 20, 2009

Lisa E. Stahl

Registration No. 56704

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